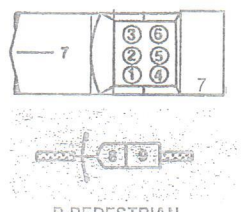



OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO.		<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3		Lebanon Police		0 8 3 0 3 0 0		ODHS USE ONLY - DO NOT MARK ABOVE											
REPORT TAKEN		<input type="checkbox"/> AT STATION <input checked="" type="checkbox"/> AT SCENE		NO OF VEH PEDESTRIANS INVOLVED 2		CRASH SEVERITY (CHECK MOST SEVERE) <input type="checkbox"/> FATAL <input type="checkbox"/> INJURY <input checked="" type="checkbox"/> PROPERTY DAMAGE ONLY				COMBINED VEH/PROP LOSS <input checked="" type="checkbox"/> OVER \$150 <input type="checkbox"/> UNDER \$150		HIT SKIP <input type="checkbox"/> SOLVED <input type="checkbox"/> UNSOLVED							
IN COUNTY OF WARREN						IN <input checked="" type="checkbox"/> CITY LEBANON				DATE OF CRASH: 06/10/14		DAY TUE		TIME: MILITARY 1332					
CRASH OCCURRED ON 1699 Deerfield Road						WITHIN THE INTERSECTION OF													
IF NOT IN INTERSECTION						(LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.)						CITY CODE							
LOG-1		LOG-2		LOC		JUR		FH9		FILT									
A UNIT NO. 1		NO OF OCCUPANTS 0		OPERATING <input type="checkbox"/>		PARKED <input checked="" type="checkbox"/>		DRIVERLESS <input type="checkbox"/>		HIT & RUN NON CONTACT <input type="checkbox"/>		INSURANCE CO. OR AGENT American Family							
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI)						ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)													
PHONE NO.		BIRTH DATE		AGE		SEX		SOCIAL SECURITY NO.				STATE		DRIVER'S LICENSE NO.		OCCUPATION			
OWNER (IF SAME AS DRIVER, WRITE SAME) Chadwick M. Flaig						ADDRESS 2634 Oak View Ct. Lebanon OH 45036										PHONE 515-885-1073			
VEH YR 2004		MAKE Jeep		MODEL Cherokee		COLOR BIK		STYLE SW		STATE OH		LICENSE PLATE NO. FHT 7427		TOWING SERVICE		VEH/PED DIR FROM W TO E			
CIRCLE DAMAGE AREAS		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY <input checked="" type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input type="checkbox"/> DRIVEN AWAY <input checked="" type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE									
8 UNIT NO. 2		NO OF OCCUPANTS 1		OPERATING <input checked="" type="checkbox"/>		PARKED <input type="checkbox"/>		DRIVERLESS HIT & RUN NON-CONTACT <input type="checkbox"/>		INSURANCE CO. OR AGENT Morris Leighton Hall									
DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI) Wells, Kelli A						ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 458 Deerfield Rd. Lebanon, OH 45036													
PHONE NO. 513-500-6965		BIRTHDATE 03/03/94		AGE 20		SEX F		SOCIAL SECURITY NO.				STATE OH		DRIVER'S LICENSE NO. TU897476		OCCUPATION			
OWNER (IF SAME AS DRIVER, WRITE SAME) SAME						ADDRESS										PHONE			
VEH YR 2002		MAKE Chevrolet		MODEL Silverado		COLOR BIK		STYLE TK		STATE OH		LICENSE PLATE NO. FZB 4230		TOWING SERVICE		VEH/PED DIR FROM N TO SE			
CIRCLE DAMAGE AREAS		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY <input checked="" type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input type="checkbox"/> DRIVEN AWAY <input checked="" type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE									
C FROM UNIT NO.		NAME (LAST, FIRST, MI)				BIRTHDATE		AGE		POSITION				INJURIES					
		ADDRESS SAME				PHONE		SEX		A B C D E F				A B C D E F					
D FROM UNIT NO.		NAME (LAST, FIRST, MI)				BIRTHDATE		AGE						1 FATAL 2 SERIOUS VISIBLE 3 MINOR VISIBLE 4 NO VISIBLE INJURY 5 NOT INJURED					
		ADDRESS				PHONE		SEX						A B C D E F					
E FROM UNIT NO.		NAME (LAST, FIRST, MI)				BIRTHDATE		AGE						CONDITION A B C D E F					
		ADDRESS				PHONE		SEX						1 APPARENTLY NORMAL 2 SICK 3 FATIGUED 4 APPARENTLY ASLEEP 5 PHYSICAL DEFECT 6 OTHER CONDITION 7 UNKNOWN					
F FROM UNIT NO.		NAME (LAST, FIRST, MI)				BIRTHDATE		AGE		P-PEDESTRIAN				RESTRAINTS					
		ADDRESS				PHONE		SEX						A B C D E F					
A B C		INJURED TAKEN TO				By				A B C D E F				ALCOHOL					
D E F		INJURED TAKEN TO				By				A B C D E F				A <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> NO TESTED TESTED					
A		OFFENSE CHARGED AND DESCRIPTION								1 NOT USED 2 NONE AVAILABLE 3 LAP BELT USED 4 LAP/SHOULDER BELT USED 5 SHOULDER BELT USED 6 CHILD SAFETY SEAT 7 AIR BAG USED 8 USE NOT REPORTED				1 NO ALCOHOL DETECTED 2 HBD ABILITY IMPAIRED 3 HBD ABILITY NOT IMPAIRED 4 HBD ABILITY UNKNOWN					
O		OFFENSE CHARGED AND DESCRIPTION								EJECTION				DRUGS					
										A B C D E F				A TESTED 0 TESTED <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> NO					
RECEIVED CALL 1332		DISPATCHED 1334		ARRIVED 1347		CLEARED 1354		OTHER TIME 10		TOTAL MINUTES 27		1 NOT EJECTED 2 PARTIAL 3 TOTAL 4 TRAPPED INSIDE VEHICLE				1 NO DRUGS DETECTED 2 USING PRESCRIBED DRUG 3 USING ILICIT DRUG			
DATE REPORT FILED 06/17/14		PHOTOS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		OFFICER'S NAME PH. C. Brock		BADGE NO. 126		CHECKED BY											